



## **APPLICATION FOR LICENSE - GENERAL INFORMATION**

**Keep this page for your reference. Do not mail with your application**

**It shall be unlawful for any person to engage in a business regulated by the Home Furnishings and Thermal Insulation Act (Act) unless, at the time of doing so, he/she holds a valid license to engage in that business** (Business and Professions Code Section 19049). The Act applies to upholstered furniture, bedding, and filling material sold or offered for sale in California regardless of point of origin (Section 19070). To obtain a license, an applicant shall submit a completed application (Section 19050) with an **original signature**. ***The application shall be made on the following Application for License form and shall be submitted to the BHFTI Licensing Unit along with the appropriate fee.***

**Applications and Fees sent by courier must be delivered to 4244 S. Market Ct., Ste. D, Sacramento, CA 95834.**

**It is mandatory that you complete this application with all information that pertains to you and your business.**

Omission of any item of requested information would result in a delay of the application process and issuance of a license. The information on this application is required pursuant to California Business and Professions Code sections 19049 and 19050. The information provided will be used to determine qualifications for licensure as provided by Chapter 3 of Division 8 of the Business and Professions Code. The collection of this information is authorized by the Business and Professions Code Section 30 and the Information Practices Act. Personal information may be disclosed in the following circumstances: a Public Records Act request as allowed by the Information Practices Act (Civil Code Section 1798 and following), another government agency as required by law, or in support to a court or administrative order.

You have a right of access to any records containing personal information about you maintained by the Department of Consumer Affairs, unless the records are exempted from disclosure by Section 1798.40 of the California Civil Code. Any individuals may obtain information regarding their records by contacting the Public Records Request Coordinator at the following address and telephone number: P.O. Box 980580, West Sacramento, CA 95798-0580 or (916) 999-2041.

**Every person who is subject to licensure shall obtain a separate license for each business location.** Anyone whose manufacturing plant is located in another state or foreign country, and who is licensed to manufacture upholstered furniture or bedding or filling material for sale in California, may have one wholesale outlet operated in the same name in California, covered by the license issued to the factory (Section 19060).

**Every person who, on his or her own account, sells either directly or indirectly** to any person either at wholesale or retail any merchandise subject to the Act by means of a car, catalog, office or in any other manner, shall obtain the proper license for each method of sale or distribution (Section 19060.5).

**Disclosure of your social security number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory for all sole proprietors and partners. Federal Employer Identification Number (FEIN) is also mandatory for partnerships.**

Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your SSN. Your SSN, ITIN, or FEIN will be used exclusively for tax enforcement purposes, for the purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose the required identification number(s), your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a penalty against you per Section 19528 of the Revenue and Tax Code.

***NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.***

### **BUSINESS WITH MULTIPLE LOCATIONS**

If your business has seven (7) or more locations, you may establish your licenses as a chain. All locations in a chain have the same license expiration date. Licenses, renewal notices, renewal invoices and correspondence are mailed to one address of the chain's designation. No fee is required for the chain application, however, license fees are required for each location in the chain. To establish your businesses as a chain, please contact BHFTI Licensing at (916)999-2041.

***If you have difficulty accessing any material on this application because of a disability, please contact us in writing or via telephone at the number or e-mail address listed at the top of the application and we will work with you to make the information available.***

<b>TERM:</b>	<b>DEFINITION:</b>
Upholstered Furniture (Section 19006)	Any furniture, including children's furniture, movable or stationary, which is made or sold with cushions or pillows, loose or attached, or is itself stuffed or filled in whole or in part with any material, is or can be stuffed or filled in whole or in part with any substance or material, hidden or concealed by fabric or any other covering, including cushions or pillows belonging to or forming a part thereof, together with the structural units, the filling material and its container and its covering which can be used as a support for the body of a human being, or his or her limbs and feet when sitting or resting in an upright or reclining position. This does not include furniture used exclusively for the purpose of physical fitness and exercise.
Bedding (Section 19007)	Any quilted pad, packing pad, mattress pad, hammock pad, mattress, comforter, quilt, sleeping bag, box springs, studio couch, pillow or cushion made of leather, cloth or any other material, which is or can be stuffed or filled in whole or in part with any concealed substance or material, which can be used by any human being for sleeping or reclining purposes.
Filling Material (Section 19007.5)	Cotton, wool, polyurethane foam, polystyrene beads, kapok, feathers, down, hair, liquid, or any other material, substance, or any combination thereof, loose or in batting, pads, or any other prefabricated form, concealed or not concealed to be used or that could be used in articles of bedding or upholstered furniture.
Registry Number (Title 4, CCR Section 1109)	The location of every manufacturer, custom upholsterer, sanitizer, supply dealer or importer who manufactures shall bear a separate registry number. A registry number uniquely identifies each location (branch house) of a licensed manufacturer, custom upholsterer, importer, sanitizer, or supply dealer. The registry number must appear on the law label that is attached to all upholstered furniture, bedding or filling materials.

<b>LICENSE TYPE:</b>	<b>DESCRIPTION:</b>
Furniture and Bedding Manufacturer	Manufactures, upholsters, reupholsters, sanitizes, wholesales, retails and supplies filling material and fabrics for upholstered furniture and/or bedding products.
Furniture and Bedding Wholesaler	Wholesales (for the purpose of resale) or retails upholstered furniture and/or bedding products.
Furniture and Bedding Retailer	Retails both furniture and bedding products.
Furniture Retailer	Unless he/she holds one of the combination licenses above, a furniture retailer shall hold a Furniture Retailer's license to retail furniture products.
Bedding Retailer	Unless he/she holds one of the combination licenses above, a bedding retailer shall hold a Bedding Retailer's license to retail bedding products.
Sanitizer	Sanitizes bedding products, or filling materials. Every sanitizer, unless he or she holds a license as a furniture and bedding manufacturer, retail furniture and bedding dealer, retail bedding dealer, or a custom upholsterer, shall hold a sanitizer's license.
Supply Dealer	Supplies fabrics and filling material, concealed or not concealed, to be used or that could be used in or on upholstered furniture and/or bedding products.
Custom Upholsterer	Unless he/she holds a Furniture & Bedding Manufacturer's license, a custom upholsterer shall hold a Custom Upholsterer's license to repair, reupholster, re-cover, restore or renew upholstered furniture and retail articles of furniture.

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**Bureau of Electronic and Appliance Repair,  
Home Furnishings and Thermal Insulation**

4244 South Market Court, Suite D, Sacramento, CA 95834-1243  
P (916) 999-2041 F (916) 921-7279 [www.bearhfti.ca.gov](http://www.bearhfti.ca.gov)

## APPLICATION FOR LICENSE – HOME FURNISHINGS (GENERAL)

- Make checks or money orders payable to BHFTI
- **NO CASH.** Checks or money orders must be from a US bank in US currency.
- To avoid delays in processing your license, an **original** signature is required.
- Licenses are issued for a 2-year period.

**Please check the box that indicates the type of license you are applying for:**

- |  |  |
|--|--|
| <input type="checkbox"/> (MFG) Furniture & Bedding Manufacturer, \$650 | <input type="checkbox"/> (A) Furniture Retailer, \$120 |
| <input type="checkbox"/> (WHL) Furniture & Bedding Wholesaler, \$540   | <input type="checkbox"/> (H) Bedding Retailer, \$120   |
| <input type="checkbox"/> (M) Furniture & Bedding Retailer, \$240       | <input type="checkbox"/> (B) Custom Upholsterer, \$360 |
| <input type="checkbox"/> (L) Sanitizer, \$360                          | <input type="checkbox"/> (E) Supply Dealer, \$540      |

**For Department Use Only**

Receipt #:

Fee:	
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File I.D. #:

Class or Type:

License #:

Registry #:

**SECTION 1: Applicant Information- Please print neatly or type.**

<b>Section II - Applicant Information - Please Print Clearly &amp; Type:</b>					
1) Name of Business (DBA- as shown on invoices and advertisements)					
2) Name of Applicant					
3) Address of Business (Address of Record)					
4) Mailing Address (If Different from Address of Record)					
5) Area Code & Phone Number (        )		Area Code & Fax Number (        )		Web Site Address (URL)	
6) Corporate Name or Parent Company					
7) Corporate Headquarters Address					
8) Contact Person			Phone		Email
9) Have you or your firm ever held a license issued by the BHFTI? <input type="checkbox"/> Yes <input type="checkbox"/> No License :    #Expiration Date:					
10) <input type="checkbox"/> <b>SOLE PROPRIETOR/PARTNERSHIP:</b> Print owner's and each partner's name, residence address, date of birth, and social security number(s) (SSN) or Individual Taxpayer Identification Number (ITIN). If a partnership, also list FEIN. (Attach additional sheets if necessary.)					
(1)Name:				Area Code & Telephone Number (        )	
Residence Address:					
City		State		Zip Code	Country
SSN / ITIN:		FEIN: (If Partnership)			Date of Birth
(2)Name:				Area Code & Telephone Number (        )	
Residence Address:					
City		State		Zip Code	Country
SSN / ITIN:		FEIN: (If Partnership)			Date of Birth
11) <input type="checkbox"/> <b>Corporation/LLC:</b> Print names, titles and addresses of officers. (If additional space is needed, provide the information as an attachment.)					
(1) Name:		Title or Position:	Date of Birth:	(2) Name:	
Address:			Address:		
City	State	Zip code	Country	City	State
					Zip Code
					Country

12) Are any of the applicants listed in item 10 or 11 (owners, general partners, or corporate officers) currently serving or have previously served in the US military? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													
13) Have any of the applicants or persons listed in items 10 or 11 had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by BEARHFTI or any other state agency? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If answer is YES, give the particulars of the state agency's action, including the name of the agency and date and type of action taken (e.g. denial/revocation). Attach additional sheets if necessary.) <b>Applications will <u>not</u> be processed if this section is not answered.</b>													
14) For all principals listed in item 10 and 11, Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? <b>This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should not be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If you answered YES, give the particulars of each, including penal code numbers or criminal case numbers, and county of conviction or foreign country. <b>Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.</b> (Attach additional sheets if necessary).													
14) Do you plan to use the registry number of another state? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If yes, please attach a copy of your valid license from the other state).													
15) Sales Tax Permit Number: _____ (Assigned by California State Board of Equalization-California based business only)													
<b>SECTION 2: Please check all products below that you will be licensed to manufacture, wholesale, supply, retail, or sanitize under the Home Furnishings and Thermal Insulation Act.</b>													
<b>Manufacture:</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Upholstered chairs</td> <td><input type="checkbox"/> Sofas</td> <td><input type="checkbox"/> Comforters/Pillows</td> <td><input type="checkbox"/> Rebuilt Mattresses</td> </tr> <tr> <td><input type="checkbox"/> Futons</td> <td><input type="checkbox"/> Mattresses</td> <td><input type="checkbox"/> Polyurethane Foam</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Battings/Loose Fill</td> <td><input type="checkbox"/> Stacking Chairs</td> <td><input type="checkbox"/> Children's Furniture &amp; Bedding</td> <td></td> </tr> </table>		<input type="checkbox"/> Upholstered chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Rebuilt Mattresses	<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Other _____	<input type="checkbox"/> Battings/Loose Fill	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Children's Furniture & Bedding	
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<b>Sanitize:</b> (Check the type of mattress sanitization method you will use) <input type="checkbox"/> Dry Heat <input type="checkbox"/> Chemical Disinfectant													
<b>SECTION 3: Certification</b>													
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Additionally, I understand that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation.													
<b>Sole Proprietor or Partners:</b> An application for Sole Proprietor <b>MUST BE</b> signed by the applicant. An application for Partnership <b>MUST BE</b> signed by ALL partners.	<b>Corporation/LLC:</b> An application for Corporation or LLC <b>MUST BE</b> signed by at least one principal AND the responsible managing employee.												
Signature _____ Title _____	Signature _____ Title _____												
Print Name _____ Date _____	Print Name _____ Date _____												
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Print Name _____ Date _____	Print Name _____ Date _____												
<b>Failure to provide any of the requested information will result in the application being rejected as incomplete. The authority which authorizes the maintenance of the information is Section 9830 of the Business and Professions Code. Incomplete applications will be deemed abandoned one year after being returned as incomplete to the applicant.</b>													